B22A (Official Form 22A) (Chapter 7) (12/10)

In re: Mendoza, Ricardo & Mendoza, Maria Cecilia

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
☐ The presumption arises
☐ The presumption does not arise
☐ The presumption is temporarily inapplicable.

AMENDED CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete

Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veter of the declared in 28 U.S. C. § 2741(1) where induly declared in a single declared in the I was an active declared in the I was active	
(as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active du defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901	
Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verific in Part VIII. Do not complete any of the remaining parts of this statement.	cation
☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debt	ts.
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve compo of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not require complete the balance of this form, but you must complete the form no later than 14 days after the date on which exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard a. \[\] I was called to active duty after September 11, 2001, for a period of at least 90 days and \[\] I remain on active duty /or/ \[\] T was released from active duty on \[\] was released from active duty on \[\] which is less than 540 days before this bankruptey case was filed; OR b. \[\] I am performing homeland defense activity for a period of at least 90 days, terminating on \[\]	y (as time t the red to a your e
which is less than 540 days before this bankruptcy case was filed.	

DZZII (Part II. CAl		OF MONTH	LY INCO	ME FOR § 707(b)(7) I	EXC	LUSION		
	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☐ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." 								
2	Complete only Column A ("Debtor's Income") for Lines 3-11. c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. ☑ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.								
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			I	olumn A Debtor's Income	S	olumn B Spouse's Income		
3	Gross wages, salary, t	ips, bonuses, ov	ertime, commi	ssions.		\$	1,161.80	\$	2,287.67
4	a and enter the different one business, professio	ce in the appropr n or farm, enter a er a number less t	iate column(s) ggregate numb han zero. Do n	of Line 4. I ers and pro ot include	ubtract Line b from Line f you operate more than vide details on an any part of the business				
	a. Gross receipts			\$					
	b. Ordinary and nec	cessary business	expenses	\$					
	c. Business income	;		Subtract I	ine b from Line a	\$		\$	
5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.								
5	a. Gross receipts			\$					
	b. Ordinary and nec	cessary operating	expenses	\$					
	c. Rent and other re	eal property incom	me	Subtract I	ine b from Line a	\$		\$	
6	Interest, dividends, ar	nd royalties.				\$		\$	
7	Pension and retirement income.					\$		\$	
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$		\$	
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:								
	Unemployment comp claimed to be a benef Social Security Act		Debtor \$		Spouse \$	\$		\$	

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10	Income from all other sources. Specify source and amount. If necessary, li sources on a separate page. Do not include alimony or separate maintenar paid by your spouse if Column B is completed, but include all other pay alimony or separate maintenance. Do not include any benefits received un Security Act or payments received as a victim of a war crime, crime against a victim of international or domestic terrorism.	ments of der the Social humanity, or as						
	a.	\$						
	b.	\$						
	Total and enter on Line 10		\$	\$				
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 and, if Column B is completed, add Lines 3 through 10 in Column B. Enter		\$ 1,161.80	\$	2,287.67			
12	Total Current Monthly Income for § 707(b)(7). If Column B has been con Line 11, Column A to Line 11, Column B, and enter the total. If Column B is completed, enter the amount from Line 11, Column A.		\$		3,449.47			
	Part III. APPLICATION OF § 707(B)(7) F	EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amou 12 and enter the result.	nt from Line 12 b	by the number	\$	41,393.64			
14	Applicable median family income. Enter the median family income for the household size. (This information is available by family size at www.usdoj.g the bankruptcy court.)							
	a. Enter debtor's state of residence: Washington b. Enter	r debtor's househ	old size: _2_	\$	61,919.00			
	$ \textbf{Application of Section 707 (b) (7).} \ \textbf{Check the applicable box and proceed as} $							
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.							
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.							
	Complete Parts IV, V, VI, and VII of this statement on	ly if required.	(See Line 15	5.)				
	Part IV. CALCULATION OF CURRENT MONTHLY	INCOME FOR	R § 707(b)(2)					
16	Enter the amount from Line 12.			\$				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.							
	a.	\$						
	b.	\$						
	C. Total and enter on Line 17.		\$					

18 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result. Part V. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. \$

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19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.							
	Persons under 65 years of age			Persons 65 years of age or older				
	a1.	Allowance per person		a2.	Allowance p	per person		
	b1.	Number of persons		b2.	Number of p	persons		
	c1.	Subtotal		c2.	Subtotal	-		
	V 1.	Suctour		L	Z # 0 10 ##			\$
20A	and U infor famil	Il Standards: housing and utili- Utilities Standards; non-mortgag mation is available at www.usdo y size consists of the number the eturn, plus the number of any ad	ge expenses for the oj.gov/ust/ or from at would currently	e appli n the cl y be al	cable county a lerk of the ban lowed as exen	and family size. (akruptcy court). ' aptions on your f	(This The applicable	\$
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42							
	c.	Net mortgage/rental expense				Subtract Line	b from Line a	\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					\$		
22A	an exand r Chece experiments 1 of the control of t	Il Standards: transportation; repense allowance in this categor egardless of whether you use put the number of vehicles for whoses are included as a contribution of the last	y regardless of what the control of	nether in. peratir nold ex sportati n Line mber o	you pay the example expenses or the control of the	rom IRS Local Serating Costs" an	perating tandards: nount from IRS etropolitan	\$

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B22A (Official Form 22A) (Chapter 7) (12/10) Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an 22B additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) \$ Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) $\square 1 \square 2$ or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; 23 subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. 24 IRS Transportation Standards, Ownership Costs, Second Car Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all 25 federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. \$ Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, 26 and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay 27 for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. \$ Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are 28 required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. \$ Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of 29 employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. \$ Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational 30 payments. \$ Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not 31 reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.

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32	Other Necessary Expenses: telecommunication services. Enter the you actually pay for telecommunication services other than your basis service — such as pagers, call waiting, caller id, special long distance necessary for your health and welfare or that of your dependents. Do deducted.	ic home telephone and cell phone e, or internet service — to the extent	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of I	Lines 19 through 32.	\$
	Subpart B: Additional Living Exp Note: Do not include any expenses that you		
	Health Insurance, Disability Insurance, and Health Savings Acceevances in the categories set out in lines a-c below that are reasonable spouse, or your dependents.		
	a. Health Insurance \$		
34	b. Disability Insurance \$		
31	c. Health Savings Account \$		
	Total and enter on Line 34		\$
	If you do not actually expend this total amount, state your actual the space below:	total average monthly expenditures in	
	\$		
35	Continued contributions to the care of household or family mem monthly expenses that you will continue to pay for the reasonable an elderly, chronically ill, or disabled member of your household or me unable to pay for such expenses.	d necessary care and support of an	\$
36	Protection against family violence. Enter the total average reasonal you actually incurred to maintain the safety of your family under the Services Act or other applicable federal law. The nature of these exp confidential by the court.	Family Violence Prevention and	\$
37	Home energy costs. Enter the total average monthly amount, in excellent Local Standards for Housing and Utilities, that you actually expend to provide your case trustee with documentation of your actual expend that the additional amount claimed is reasonable and necessary.	for home energy costs. You must benses, and you must demonstrate	\$
38	Education expenses for dependent children less than 18. Enter the you actually incur, not to exceed \$147.92* per child, for attendance secondary school by your dependent children less than 18 years of ag trustee with documentation of your actual expenses, and you mut is reasonable and necessary and not already accounted for in the	at a private or public elementary or ge. You must provide your case ust explain why the amount claimed	\$
39	Additional food and clothing expense. Enter the total average mon clothing expenses exceed the combined allowances for food and clot National Standards, not to exceed 5% of those combined allowances www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You additional amount claimed is reasonable and necessary.	thing (apparel and services) in the IRS . (This information is available at	\$
40	Continued charitable contributions. Enter the amount that you will cash or financial instruments to a charitable organization as defined in		\$
41	Total Additional Expense Deductions under § 707(b). Enter the to	otal of Lines 34 through 40	

\$

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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		S	Subpart C	: Deductions for De	ebt Payment			
	you of Paymenthe to follow	ore payments on secured claims own, list the name of the creditor nent, and check whether the paymotal of all amounts scheduled as a wing the filing of the bankruptcy. Enter the total of the Average N	, identify to ment include contractuation case, divi	the property securing des taxes or insurance lly due to each Secur ded by 60. If necessa	the debt, state the A e. The Average Mon red Creditor in the 60	Average Monthly athly Payment is 0 months		
42		Name of Creditor	Property	Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	r	
	a.				\$	☐ yes ☐ no		
	b.				\$	☐ yes ☐ no		
	c.				\$	☐ yes ☐ no		
				Total: Ac	ld lines a, b and c.		\$	
	resid you r credi cure forec	er payments on secured claims. ence, a motor vehicle, or other properties in a properties of the payments of t	roperty ne 60th of an sted in Lir in default	cessary for your suppy amount (the "cure ne 42, in order to ma that must be paid in	port or the support of amount") that you m intain possession of order to avoid repos	f your dependents tust pay the the property. The session or itional entries on	a	
43		Name of Creditor		Property Securing	the Debt	1/60th of the Cure Amount		
	a.					\$		
	b.					\$		
	c.					\$		
					Total: Ad	d lines a, b and c	·	
44	such	ments on prepetition priority cl as priority tax, child support and ruptcy filing. Do not include cu	alimony	claims, for which you	u were liable at the ti	me of your	\$	
	follo	pter 13 administrative expenses wing chart, multiply the amount nistrative expense.						
	a.	Projected average monthly cha	pter 13 pla	an payment.	\$			
45	b.	Current multiplier for your dist schedules issued by the Execut Trustees. (This information is a www.usdoj.gov/ust/ or from the court.)	ive Office vailable a	for United States	X			
	c.	Average monthly administrativ case	e expense	of chapter 13	Total: Multiply Linand b	ies a	\$	
46	Tota	l Deductions for Debt Payment	t. Enter the	e total of Lines 42 th	rough 45.		\$	
		-		: Total Deductions				
47	Tota	l of all deductions allowed und	er § 707()	b)(2). Enter the total	of Lines 33, 41, and	46.	\$	

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	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION	N						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		\$					
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))		\$					
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the	result.	\$					
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the numeriter the result.	ber 60 and	\$					
	Initial presumption determination. Check the applicable box and proceed as directed.							
	The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
52	☐ The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.							
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the 53 though 55).	remainder of I	Part VI (Lines					
53	Enter the amount of your total non-priority unsecured debt		\$					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and execult.	nter the	\$					
	Secondary presumption determination. Check the applicable box and proceed as directed.							
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.							
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VIII.							
	Part VII. ADDITIONAL EXPENSE CLAIMS							
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses.	om your curren	t monthly					
	Expense Description	Monthly A	mount					
56	a.	\$						
	b.	\$						
	c.	\$						
	Total: Add Lines a, b and c	\$						
	Part VIII. VERIFICATION							
	I declare under penalty of perjury that the information provided in this statement is true and co both debtors must sign.)	orrect. (If this a	ı joint case,					
57	Date: March 5, 2012 Signature: /s/ Ricardo Mendoza (Debtor)							
	Date: March 5, 2012 Signature: /s/ Maria Cecilia Mendoza (Joint Debtor, if any)							
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^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.